IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Thomas M. DiMauro, Mohamed Attawia, Hassan Serhan, Melissa Grace,

Michael Slivka, Thomas G. Ferro, Vivek N. Shenoy, Alonzo D. Cook and

Scott Bruder

Application No.: 10/723,250

Group:

1612

Filed:

November 26, 2003

Examiner:

Snigdha Maewall

Confirmation No.: 6059

For:

Local Intraosseous Administration of Bone Forming Agents and Anti-

Resorptive Agents, and Devices Therefor

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

Date

Signature

Typed or printed name of person signing certificate

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by
a Small Entity Statement previously submitted.

A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

							SMALL ENTITY				OTHER THAN SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT		PREV	IEST NO. /IOUSLY ID FOR	PRESENT EXTRA		R	АТЕ	ADDIT. FEE	OR	j I	RATE		ADDIT. FEE	
TOTAL	87	MINUS	*	89	0		X	\$ 26	\$		X	\$52	\$	0	
INDEP	13	MINUS	**	13	0		X	\$110	\$		X	\$220	\$	0	
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$195	\$		+	\$390	\$			
* not fewer than 20 ** not fewer than 3					ı	ТО	ΓAL =	\$ 0	<u></u>	TC	TAL =	\$	0		

The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

Actual Sheets		No. of Additional	SMALI	Payment				
(Including current amendment)	Sheets Paid For (At least 100)	Units Required (Increments of 50 sheets)	Rate	Total Amount Owed	Rate	Total Amount Owed	Sufficient for up to	
			X \$135	\$[]	X \$27	0 \$[]	[] Sheets	

Petition for Extension of Time

Applicant hereby petitions to extend the time to respond to the Office Action dated May 20, 2009 for two months from August 20, 2009 to October 20, 2009. The appropriate fee is set forth below.
[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please charge Deposit Account No. 08-0380 for the following fees:

\boxtimes	Petition for two month Extension of Time	\$	490
	Claims Fee	\$	
	Application Size Fee	\$	
	Other Fees:		
		\$	
		- \$	
	TOTAL:	\$	490
A check	is enclosed in payment of the following fees:		
	Petition for [] month Extension of Time	\$	
	Claims Fee	\$	
	Application Size Fee	\$	
	Other Fees:	•	· · · · · · · · · · · · · · · · · · ·
		\$	
		_ \$	
	TOTAL:	\$	
\boxtimes	Please charge any deficiency or credit any overpayment in the fees that me this matter to Deposit Account No. 08-0380.	nay be	e due in
	Respectfully submitted,		
	HAMILTON, BROOK, SMITH & REY	YNOI	LDS, P.C.
	By Dendo E. Suder Deirdre E. Sanders Registration No.: 42,122 Telephone (978) 341-0036 Facsimile (978) 341-0136		

Concord, Massachusetts 01742-9133 Dated: October 28,2009